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PTO/SB/01 (12-97)

Approved for use through 9/30/00, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	41313-1004
	First Named Inventor	STEPHEN BEHR
	COMPLETE IF KNOWN	
	Application Number	10/533,025
	Filing Date	APRIL 26, 2005
	Group Art Unit	UNASSIGNED
Examiner Name	UNASSIGNED	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLANT EXTRACTS AND DERMATOLOGICAL USES THEREOF

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

APRIL 26, 2005

as United States Application Number or PCT International

Application Number 10/533,025 and was amended on (MM/DD/YYYY) 6/22/05 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.	

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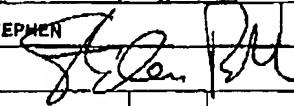
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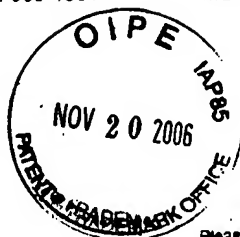


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DECLARATION — Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
PCT/CA2004/002007				11/18/2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 25213  Place Customer Number Bar Code Label here							
OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 25213 OR <input type="checkbox"/> Correspondence address below							
Name		HELLER EHRMAN LLP					
Address		275 MIDDLEFIELD ROAD					
Address							
City		MENLO PARK		State	CALIFORNIA	ZIP	94025-3506
Country		USA	Telephone	(650) 324-7000		Fax	(650) 324-0638
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
STEPHEN				BEHR			
Inventor's Signature 				Date 07 NOV 2006			
Residence: City		OUTREMONT	State	QUÉBEC	Country	CANADA	Citizenship CA
Post Office Address		1077 boulevard Mt. Royal					
Post Office Address							
City		OUTREMONT	State	QUÉBEC	ZIP	H2V 2H5	Country CANADA
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

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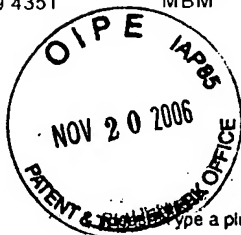
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
PHILIPPE		DURET					
Inventor's Signature						Date	7 th Nov. 2006
Residence: City	QUÉBEC	State	QUÉBEC	Country	CANADA	Citizenship	FR
Post Office Address		941 de Bougainville					
Post Office Address							
City	QUÉBEC	State	QUÉBEC	ZIP	G1S 3A7	Country	CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
NATHALIE		GENDRON					
Inventor's Signature						Date	8 th Nov 06
City	NEUVILLE	State	QUÉBEC	Country	CANADA	Citizenship	CA
Post Office Address		688 route 385					
Post Office Address							
City	NEUVILLE	State	QUÉBEC	ZIP	G0A 2R0	Country	CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
JOHANE		QUAY					
Inventor's Signature						Date	14 Nov 06
City	ST-AUGUSTIN de DESMAURES	State	QUÉBEC	Country	CANADA	Citizenship	CA
Post Office Address		3116 René					
Post Office Address							
City	ST-AUGUSTIN de DESMAURES	State	QUÉBEC	ZIP	G3A 2L7	Country	CANADA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Given Name (first and middle (if any))	Family Name or Surname
BERNARD	LAVALLEE

Inventor's Signature	Date
<i>[Signature]</i>	06/11/15

Residence: City	STE. FOY	State	QUÉBEC	Country	CANADA	Citizenship	CA
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Post Office Address	1202 d'Argenteuil
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Post Office Address	
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City	STE. FOY	State	QUÉBEC	ZIP	G1W 3R9	Country	CANADA
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle (if any))	Family Name or Surname
BRIGIPTS	PAGE

Inventor's Signature	Date
<i>[Signature]</i>	06/11/15

City	QUÉBEC	State	QUÉBEC	Country	CANADA	Citizenship	CA
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Post Office Address	9171 Carré Richard
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Post Office Address	
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City	QUÉBEC	State	QUÉBEC	ZIP	G2B 3P7	Country	CANADA
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle (if any))	Family Name or Surname

Inventor's Signature	Date

City	State	Country	Citizenship

Post Office Address	
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Post Office Address	
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City	State	ZIP	Country

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